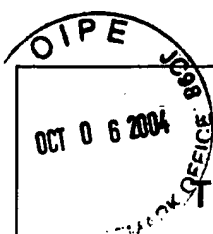


JFW 1617



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	10/069,975
Filing Date	October 10, 2002
First Named Inventor	Melanie A. PYKETT
Examiner Name	Gina C. Yu
Group Art Unit	1617
Total Number of Pages in This Submission	Attorney Docket Number 2955-194

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group   |
| <input checked="" type="checkbox"/> Fee Attached \$110.00                    | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                             |
| <input type="checkbox"/> Supplemental Amendment                              | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)                      |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Declaration under Rule 312                          | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) :<br>Submission of Terminal Disclaimer<br>Check \$110.00 |
| <input type="checkbox"/> Express Abandonment Request                         | <input checked="" type="checkbox"/> Terminal Disclaimer                                 |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

REMARKS:

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948		
SIGNATURE		DATE	October 7, 2004
		DEPOSIT ACCOUNT USER ID 02-2135	